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ABSTRACT

This final report describes activities and accomplishments of the M-TIKES (Missouri-Training Individuals to Care for Exceptional Students) Outreach Project, which used a "train-the-trainer" model to increase the number of child care providers trained to integrate children with and without disabilities. The project's major objectives were to provide child caregivers with information needed to mainstream children with disabilities into child care settings and to increase child caregivers' knowledge about child development and appropriate adaptations for children with disabilities. The project's curriculum consists of an inservice training component and an on-site collaboration and consultation component. A nine-part videotape series was also developed. The project resulted in the training of 265 child caregivers, an increase in the number of child care facilities accepting preschool children with disabilities, a replicable inservice training model, and curriculum materials. Individual sections of the report cover the following aspects of the project: goals, philosophy, description of model and participants, research, method, measures, results, and impact. Appendices include a description of each videotape, the needs assessment form, a sample training agenda, a listing of sites and facilitators trained, an inservice evaluation scale, and a form for observing caregiver behavior. (Contains 23 references.) (DB)

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Missouri-TIKES
Training Individuals to Care for Exceptional Children

OUTREACH PROJECT

FINAL REPORT

Handicapped Children's Early Education Program
U.S. Department of Education
Project Number: HO24D20024
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Abstract

Training Individuals to Care for Exceptional Students
M-TIKES

A Handicapped Children's Early Education Program

Robert F. Busch, Ph. D.
Director

The M-TIKES (Training Individuals to Care for Exceptional Students) Outreach Project was a "Train-the Trainer" model designed to create an expanded base of persons who could successfully provide training to child care providers to integrate children with and without disabilities into child care settings using the M-TIKES curriculum. It was the intent of the project staff to determine if the model could be effectively implemented as the project distanced itself from the original site and facilitators. The project had two major objectives: the first was to provide child care givers with information needed to mainstream children with disabilities into child care settings; the second was to increase child care givers knowledge about child development, with emphasis on adapting and modifying environments and activities for children with disabilities. The training addressed typical development in children, 3-5 years of age and the identification and treatment needs of children with a variety of disabilities of the same age and their families.

The goals of the M-TIKES "Train-the Trainer" Outreach project were:

1. to provide child care providers with information needed to successfully integrate preschool children with and without disabilities;

2. to increase child care providers' knowledge about child development, with emphasis on adapting and modifying environments and activities for children with disabilities;

3. to assist child care providers to help parents learn strategies for dealing with the problems they fact on a day-today basis in their parenting role;

4. to evaluate project process and outcomes; and

5. to disseminate project model and results nationally

The project's curriculum consisted of two major components: 1) and inservice training component; and 2) an on-site collaboration and consultation component. From the interaction between these two components, an organizational helping system evolved in which the knowledge base of the M-TIKES staff merged with the experience base of the M-TIKES participants. The M-TIKES staff developed a videotape series (The Learning Together Series) with corresponding trainer and viewer guides to train child care providers. The nine part video series consist of

the following tapes: Developing Together, Planning Together, Coping Together, Moving Together, Growing Together, Playing Together, Talking Together, Reading and Writing Together, and Cooperating Together. As a result of the project's inservice training, facilitators increased their knowledge about children with disabilities and child care providers made changes in two ways: in perception of knowledge about children with disabilities and in their behaviors toward children with and without disabilities in their care.

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Introduction

With increasing frequency, children with disabilities are being enrolled in child care facilities that historically have served only typically-achieving children. This practice, known as mainstreaming (Odom & McEvoy, 1990), is an important trend in the education and care of preschool-age children with disabilities (McWilliam & Bailey, 1994). For example, Klein and Sheehan (1987) found that 40% of the handicapped preschoolers in New Mexico who attended early intervention programs also received an average of 26 hours of child care services per week. Additionally, in a recent survey of licensed child care providers in Boone County, Missouri (Busch, Gillam, & Patterson, 1990), 33 percent of the respondents indicated that they had children in their care with identified disabilities. Out of the remaining 67% of the caregivers, 30 percent suspected that one or more of the children in their care evidenced an undiagnosed developmental disability. Yet, only 18 percent of the respondents indicated that they had any formal training about children with disabilities. If this sample of child care providers is generally representative of the overall population of caregivers (and we have no reason to suspect that they are not), then many at-risk children and children with disabilities attend child care environments that are staffed by individuals who may not know how to meet their special needs.

There is no question that mainstreaming in child care settings can be beneficial for preschool age children with disabilities. Children with disabilities are socially active to a greater extent and engage in positive interactions with peers more frequently when they are enrolled in mainstreaming child care programs (Beckman & Kohl, 1987; Strain, 1984). Children with disabilities who are mainstreamed also engage in higher-level play (Fenrick, Pearson, & Pepelnjak, 1984) and more positive social interactions (Guralnick & Groom, 1988) than children with disabilities who are not mainstreamed.

If mainstreaming in child care settings is to be maximally effective for all children, it needs to be implemented appropriately. Simply placing preschoolers with and without disabilities together in the same child care environment may have minimal effects on the development of fine motor, language, and preacademic skills (Jenkins, Odom, & Speltz, 1989; Odom & McEvoy, 1990). For example, in a study of interactions between children with and without disabilities in an integrated preschool, Beckman (1983) found that there were fewer interactions between disabled and nondisabled children when caregivers had not directly promoted integration.

Jenkins, Speltz, and Odom (1985) evaluated the effects of a "proximity model" of mainstreaming in which neither teachers nor nondisabled children were instructed to facilitate integration. They studied 36 children with mild disabilities who attended either segregated or integrated preschool classrooms. End of year testing revealed no differences between children in integrated and segregated settings on measures of cognitive, preacademic, language, and fine motor skills. These authors concluded that, if accelerated development is a goal of mainstreaming, curricula that serves to facilitate positive interactions between children with and without disabilities is needed. The potential benefits of mainstreaming are most likely to occur when positive interactions between children with disabilities, their caregivers, and their peers are actively promoted by knowledgeable child care providers (Beckman, 1983; Jenkins, Odom, & Speltz, 1989; Odom & McEvoy, 1990).

Clearly, staff development is a critical issue in effective mainstreaming (Wang, Vaughan, & Dytman, 1985). If integration of children with disabilities into mainstream settings is to be successful, staff development programs must provide ongoing training and support for staff to develop skills for modifying activities to include disabled children (Wang & Gennari, 1983). Successful integration of children with and without disabilities requires intensive staff development, including carefully planned procedures for facilitating the development of social and language behavior (Klein & Sheehan, 1987; Kontos & File, 1993). The M-TIKES project was developed in response to identified state and local personnel preparation needs. The project was a joint venture between the College of Education, Department of Special Education, and the School of Health Related Professions, Program in Communicative Disorders. The primary goal of the project was to enhance the child care providers' ability to modify and adapt the activities they were already doing in a manner that would facilitate the inclusion of children with disabilities.

Goals of the Project

The goals of the M-TIKES "Train-the-Trainer" Outreach project were:

1) to provide child care providers with the information needed to successfully integrate preschool children with and without disabilities;
2) to increase child care providers' knowledge about child development, with emphasis on adapting and modifying environments and activities for children with disabilities;

3) to assist child care providers to help parents learn strategies for dealing with the problems they face on a day-to-day basis in their parenting role;
4) to evaluate project process and outcomes, and
5) to disseminate project model and results nationally.

Philosophy of the Project

The following principles formed the basis for the M-TIKES Outreach program:

Principle 1.

We believe that services for children with disabilities should be provided in integrated rather than segregated settings. It is essential that children with disabilities be given the opportunity to work with and develop age-appropriate skills along with their normally developing peers. When interacting with their peers, young children with disabilities will observe and imitate a variety of age-appropriate behaviors, engage in communicative and social interactions and practice newly acquired skills with their peers.

Principle 2.

We believe that if mainstreaming and integration are to achieve the goal of normalization for children with disabilities, service delivery for these children must begin at an early age, and be dispersed throughout the community to maximize accessibility. In addition, services provided in a community child care setting should serve as a complement to the early intervention service that children with disabilities may already be receiving. Their participation in mainstreamed child care settings should be in addition to, rather than in lieu of, their specialized early intervention programs.

Principle 3.

We believe that no one professional group can deal competently with all the complexities of exceptional development. The interdisciplinary team concept provides the forum for collaboration among experts to provide the integration of information and professional skills necessary to help normalize the development of children with disabilities.

Principle 4.

We believe that child care, both family-based and center-based, provide opportunities to facilitate the development of children with disabilities. Serving children with disabilities in child care settings is consistent with evidence that intervention is more powerful when it occurs in the context of the child's daily routines. According to Vincent, Brown, and Getz-Sheftel (1980), "The more fully

children with disabilities needs are met through typical service delivery, the closer professionals have come to best educational practices" (p. 19).

Principle 5.

We believe that with proper training child care provider can acquire the knowledge and skills necessary to facilitate and implement good intervention programs. In addition, with information and training, child care providers can develop observation skills which will assist in more accurate early identification and referral of young children with disabilities.

Description of the Model and Participants

A "Train-the-Trainer" model was designed to carry out the M-TIKES mission of training facilitators to inservice child care providers to mainstream children with disabilities into child care programs. The M-TIKES model was distinct from other integration child care special education programs in that it was based on an ecological framework (meeting family child care needs with community based resources), had a professional advisory board made up of parents and professionals, and incorporated the interdisciplinary collaborative consultative approach to training child care givers.

Multidisciplinary Team

The assumption underlying the M-TIKES Outreach model is that no one discipline had the expertise or knowledge to deal effectively with the complexities of exceptional development. The professions who developed the videotapes and manuals of the "Learning Together Series" came from different disciplines and represented a team of specialists. They had knowledge and expertise in typical and atypical child development, speech and language development, behavior management, cognitive psychology, early literacy development, motor learning, the family system, health issues and related services.

Project's Curriculum

A multidisciplinary curriculum was designed to train child care givers to mainstream preschool children with disabilities into child care settings. The curriculum of the M-TIKES "Train-the-Trainer" Outreach project had two levels: 1) facilitators were taught by the M-TIKES staff to deliver inservice training and to demonstrate on-site activities to child care providers, and 2) child care providers attended inservice training programs combined with on-site collaboration and consultation with the facilitators. From the interaction between the M-TIKES staff and the facilitators, and the facilitators and the child care providers, an organizational helping system evolved in which the knowledge base

of the project staff and facilitators merged with the experience base of the child care participants. The M-TIKES staff developed a videotape series "The Learning Together Series" with corresponding trainer and viewer guides to train facilitators to inservice child care givers in their local areas. The nine part series consists of the following tapes: Developing Together, Planning Together, Coping Together, Moving Together, Growing Together, Playing Together, Talking Together, Reading and Writing Together, and Cooperating Together. (See Appendix A).

Needs Assessment and Group Meeting Unit

Once the replication sites, and coordinators were identified and confirmed, communication with all replication site coordinators led to either telephone contacts or direct on-site meetings where the M-TIKES responsibilities and responsibilities of the selected site coordinators were reviewed. Agreement was reached concerning the needs of both M-TIKES and the training sites.

Following the organizational meetings with key personnel from each replication site, a Needs Assessment was mailed to all sites just before the initial training began. (See Appendix B for a copy of the Needs Assessment). On return of the forms to the M-TIKES office, the comments were reviewed to assure that their perceived needs for information were met during the group meetings. This practice allowed the M-TIKES staff to tailor their presentations to specific problems or questions expressed by the identified agency.

The inservice training consisted of three to five day training sessions with the facilitators, and one on-site consultation visit with the agency based on agency request. The agenda for each group inservice training meeting with facilitators was very similar. (See Appendix C for a sample agenda). Each group meeting typically consisted of an introduction of facilitators and M-TIKES staff, followed by a previewing and discussion of the videotapes from the "The Learning Together Series." Manuals which accompany the tapes (Facilitator Guide and Viewer Guide) were reviewed and discussed. The staff member also demonstrated activities that child care providers could conduct to foster child development and promote interaction between children with and without disabilities. Time was allotted for facilitators to practice these activities in role-playing contexts. Once the key facilitators were trained, they in turn, conducted training meetings and on-site consultation with child care providers in community based programs in their area, including both home and center based facilities, preschool programs, and Head Start programs.

On-site Consultation Unit

Built into the project was an on-site consultation to a training site at the request of the agency. Two training sites requested on-site consultation after receiving initial training. On-site consultation was requested and arranged for facilitators in Casper, Wyoming and West Palm Beach, Florida.

Participants Trained

Across a 3-year period, a total of 265 child care givers were trained in the M-TIKES model. Participants were selected on the following factors: (1) licensed by the state as a child care giver; (2) willingness to participate in the project and agreement with the assumption that children with and without disabilities should be served in community based programs; (3) the agency designated a qualified coordinator; (4) the agency identified a funding source to support program operations, and (5) the agency administration agreed to participate in the M-TIKES evaluation efforts. Just as affirmative action policies were followed in the recruitment and hiring of M-TIKES staff, they were similarly applied to insure equal access for eligible participants who were members of underrepresented groups.

During Year 1 of Outreach, the M-TIKES curriculum was replicated in a "Train-the-Trainer" model at two sites: Heart of America Family Services in Kansas City, Kansas; and Iowa State Department of Education, Bureau of Special Education, Des Moines, Iowa. The training was conducted by both the Director and Co-Director of the M-TIKES Project. A total of 43 facilitators representing various private and public agencies were trained using the M-TIKES curriculum.

The training meetings for the Kansas City, Kansas area were held on October 27 and 28, and November 4, 5 and 6, 1992 at the Heart of American Family Services offices. The inservice training consisted of five full day sessions during which time all topics were discussed, videotapes were previewed, manuals were reviewed, and informational exchange was encouraged. Table 1 identifies the agencies, contact person, number of facilitators trained and the population they serve. See Appendix D for the names of facilitators trained.

The Iowa group meetings were held in Des Moines on January 20, 21, and March 17, 18, and May 5, 1993. The training consisted of 5 full day sessions. All topics were presented, tapes were previewed, manuals were reviewed and questions and comments were encouraged. Table 1 identifies the agencies, contact person, number of facilitators trained and the population they serve. See Appendix D for the names of facilitators trained.

During Year 2 of Outreach, the M-TIKES "Train-the-Trainer" model was replicated at seven sites: Casper, Wyoming; Mercer, Pennsylvania; St. Louis, Missouri; Kansas City, Missouri; Independence, Missouri; and twice in Columbia, Missouri. The training was conducted by both the Director and Co-Director of the M-TIKES Project. A total of 90 facilitators representing various private and public agencies were trained using the M-TIKES curriculum. The site selections were based on the following factors: (1) licensed by the state as a child care giver; (2) willingness to participate in the project and agreement with the assumption that children with and without disabilities should be served in community based programs; (3) the agency designated a qualified coordinator; (4) the agency identified a funding source to support program operations, and (5) the agency administration agreed to participate in the M-TIKES evaluation efforts.

The training meetings for the Wyoming Developmental Preschool Programs Association were held in Casper, Wyoming, on September 21, 22, 23, and 24, 1993. The inservice training consisted of four full day sessions during which time all topics were discussed, videotapes were previewed, manuals were reviewed, and informational exchange was encouraged. Twelve facilitators started training; however, shortly after the training sessions began, three facilitators left the project because their job assignments were too demanding to devote time to training child-care providers using the M-TIKES curriculum. Table 2 identifies the agency and location, contact person, number of facilitators trained and the population served. See Appendix D for names of facilitators trained.

The Mercer County meetings were held in Mercer, Pennsylvania on October 11, 12, and November 8, and 9, 1993. Ten facilitators were trained over four full days. All topics were presented, tapes were previewed, manuals were reviewed, and questions and comments were encouraged. Table 2 identifies the agency and location, contact person, number of facilitators trained and the population served. The names of facilitators trained can be found in Appendix D.

The St. Louis Day Care Association arranged for 16 facilitators to receive M-TIKES training. The inservice training meetings were held on October 14, 15, and November 11, 12, 1993, at the St. Louis Day Care Association's office, St. Louis, Missouri. The training consisted of four full day sessions. All topics were presented, tapes were viewed, manuals were reviewed, and questions and comments were encouraged. Table 2 identifies the agency and location, contact

person, number of facilitators trained and the population served. See Appendix D for the names of facilitators trained.

The training meetings for the Francis Child Development Institute were conducted on February 2, 3, and 4, 1994 at Penn Valley Community College, Kansas City, Missouri. Twelve facilitators attended the training. The training was completed over three days. All topics were presented, tapes were previewed, manuals were reviewed, and questions and comments were encouraged. Table 2 identifies the agency and location, contact person, number of facilitators trained and the population served. See Appendix D for the names of facilitators trained.

The Children's Therapy Center of Sedalia, Missouri, under the direction of Valerie Lane arranged for M-TIKES training with 13 facilitators representing several agencies, Head Start, Home and Centered Based Programs, from four rural communities in Missouri: Sedalia, Marshall, Jefferson City, and Camdenton. The three day training sessions were conducted on February 23, 24, and March 4, 1994 in Columbia, Missouri. All topics were presented, tapes were previewed, manuals were reviewed, and questions and comments were encouraged. Table 2 identifies the agency and location, contact person, number of facilitators trained and the population served. The names of facilitators trained can be found in Appendix D.

The Independence School District, Independence, Missouri arranged for 16 individuals to receive M-TIKES training for four days, on February 16, 17, March 9, and April 4, 1994. All topics were presented, tapes were previewed, manuals were reviewed, and questions and comments were encouraged. Table 2 identifies the agency and location, contact person, number of facilitators trained and the population served. The names of facilitators trained can be found in Appendix D.

The training meetings for the Columbia Day Care Project were held in Columbia, Missouri on April 20, 22, and 27, 29, 1994. The inservice training consisted of four full day sessions during which time all topics were discussed, videotapes were previewed, manuals were reviewed, and informational exchange was encouraged. Fourteen facilitators were trained. Table 2 identifies the agency and location, contact person, number of facilitators trained and the population served. See Appendix D for the names of facilitators trained.

During Year 3 of Outreach, the M-TIKES "Train-the-Trainer" model was replicated at nine sites: Coeur d'Alene, Idaho; Anchorage, Alaska; Martin County, Florida; West Palm Beach, Florida; Dallas, Texas; El Dorado, Kansas; Phoenix, Arizona; St. Charles, Missouri; Traverse City, Michigan. A total of 132

facilitators representing various private and public agencies were trained using the M-TIKES curriculum. The Director of the Project did all the training. The site selections were based on the following factors: (1) licensed by the state as a child care giver; (2) willingness to participate in the project and agreement with the assumption that children with and without disabilities should be served in community based programs; (3) the agency designated a qualified coordinator; (4) the agency identified a funding source to support program operations, and (5) the agency administration agreed to participate in the M-TIKES evaluation efforts.

The training meetings for the Dallas, Texas Child-care Association were held in Dallas, Texas on June 23, 24, and 27, 28, 1994. The inservice training consisted of four full day sessions during which time all topics were discussed, videotapes were previewed, manuals were reviewed, and informational exchange was encouraged. Sixteen facilitators were trained. Table 3 identifies the agency and location, contact person, number of facilitators trained and the population served. See Appendix D for the names and addresses of facilitators trained.

The training meetings for El Dorado, Kansas were held on October 6, 7, and 13, 14, 1994. Five child-care facilitators were trained using the M-TIKES curriculum. The inservice training consisted of four full day sessions during which all topics were discussed, videotapes were previewed, manuals were reviewed, and informational exchange was encouraged. Table 3 identifies the agency and location, contact person, number of facilitators trained and the population served. See Appendix D for the names and addresses of facilitators trained.

Upward Foundation, of Phoenix, Arizona, under the direction of Sharon Graham arranged for M-TIKES training with selected facilitators representing the Foundation's teachers. The two day training sessions were conducted on October 31, and November 1, 1994 in Phoenix, Arizona. All topics were presented, tapes were previewed, manuals were reviewed, and questions and comments were encouraged. Table 3 identifies the agency and location, contact person, number of facilitators trained and the population served. See Appendix D for the names and addresses of facilitators trained.

The training meetings for Family Support Services of St. Charles, Missouri was conducted on November 15, 16, and 17, 1994. Ms. Joyce Barker, Director made arrangement for 7 facilitators to be trained in the M-TIKES Curriculum. The training was completed over three days. All topics were presented, tapes were previewed, manuals were reviewed, and questions and comments were

encouraged. Table 3 identifies the agency and location, contact person, number of facilitators trained and the population served. See Appendix D for the names and addresses of facilitators trained.

Project Accept, the Child Care Resource and Referral Association of Palm Beach County arranged for the M-TIKES training in West Palm Beach, Florida on June 6, 7, and 8, 1995. Twenty-two facilitators received receive M-TIKES training. The training consisted of three full day sessions. All topics were presented, tapes were viewed, manuals were reviewed, and questions and comments were encouraged. Table 3 identifies the agency and location, contact person, number of facilitators trained and the population served. See Appendix D for the names and addresses of facilitators trained.

The North Idaho Head Start meetings was held in Coeur d'Alene, Idaho on August 28, 29, and 30, 1995. The meeting was arranged by Doug Fagerness and the M-TIKES curriculum was presented by the project Director. Seventeen facilitators were trained over three full days. All topics were presented, tapes were previewed, manuals were reviewed, and questions and comments were encouraged. Table 3 identifies the agency and location, contact person, number of facilitators trained and the population served. See Appendix D for the names and addresses of facilitators trained.

The training meeting for the Tennessee State Department of Education, under the direction of Doris Mattraw was conducted on September 11, 12, and 13, 1995, in Nashville, Tennessee. Twenty-one facilitators representing several agencies, Head Start, Home and Centered Based Programs, from both urban and rural communities in Tennessee were present. During the three day training sessions, all topics were presented, tapes were previewed, manuals were reviewed, and questions and comments were encouraged. Table 3 identifies the agency and location, contact person, number of facilitators trained and the population served. See Appendix D for the names and addresses of facilitators trained.

The training meetings for the Northwest Michigan Community Coordinated Child Care Council were held in Traverse City, MI, on June 13, 14, and 15, 1994. The inservice training consisted of three full day sessions during which time all topics were discussed, videotapes were previewed, manuals were reviewed, and informational exchange was encouraged. Nine facilitators were trained in the M-TIKES model in Traverse City, MI. Table 3 identifies the agency

and location, contact person, number of facilitators trained and the population served. See Appendix D for the names and addresses of facilitators trained.

The training meetings for the Chugiak Children Services were held in Anchorage, Alaska, on September 20, 21, and 22, 1995. The inservice training consisted of three full day sessions during which time all topics were discussed, videotapes were previewed, manuals were reviewed, and informational exchange was encouraged. Fifteen facilitators were trained in the M-TIKES model in Anchorage, Alaska. Table 3 identifies the agency and location, contact person, number of facilitators trained and the population served. See Appendix D for the names and addresses of facilitators trained.

The training meeting for Florida First Start was held in Jensen Beach, Florida on September 25 and 26, 1995. Sixteen child-care trainers were trained using the M-TIKES Curriculum. During the two day training session all topics were discussed, videotapes were previewed, manuals were reviewed, and informational exchange was encouraged. Table 3 identifies the agency and location, contact person, number of facilitators trained and the population served. See Appendix D for the names and addresses of facilitators trained.

Research

The research for the M-TIKES "Train-the-Trainer" Outreach model was three dimensional: (1) the M-TIKES staff were evaluated by the facilitators for effectiveness of training; (2) the facilitators were evaluated for changes in the perception of their knowledge base; and (3) the child care providers were also evaluated for changes in the perception of their knowledge base, in addition to their performance with children in their care.

1. Evaluation of the M-TIKES staff

Evaluation of the training provided by the M-TIKES staff was accomplished through an Inservice Evaluation Scale. (See Appendix E). The participating facilitators rated the training sessions using an 8-point Likert type scale with 1 being poorest and 8 being the best. Table 4 presents the site and the mean average on the Inservice Evaluation Scale for the six questions rated on the scale.

The mean ranged from a low of 6.90 to a high of 7.80 from a possible top score of 8. These data indicate that the M-TIKES "Train-the-Trainer" model is an effective way to disseminate the M-TIKES curriculum.

2. Evaluation of the Facilitators

The M-TIKES staff selected certain sites to evaluate the knowledge level of the facilitators with a pre-post test using the M-TIKES Self-Rating Scale. The

facilitators rated the extent of their knowledge in each of the nine topic areas in which they were trained. The scale was a four-point Likert type scale consisting of 37 items corresponding to the M-TIKES knowledge areas. The following categories were included on the scale: Basic knowledge of preschool children with disabilities; cognitive development; communicative development; literacy development; managing behavior; motor development; parents of children with disabilities; health care and nutritional needs of children with disabilities; and, planning for children with disabilities. Table 5 presents a simple t-test between facilitators' pre-post test scores on the M-TIKES Self-Rating Scale. Results indicated that there were significant differences across all respondents who completed the scale.

3. Evaluation of the Child Care Providers

A formal investigation was carried out to study the effects of inservice education about caring for children with disabilities. To determine whether the education was effective, the M-TIKES staff evaluated care giving behaviors and self-perceptions of caregivers who did and did not receive training. The staff also wanted to know whether outcomes differed for caregivers who received training under live or videotaped conditions. Videotaped training is much more economical, and can be implemented by a single trainer. If this approach was as successful as live training, it would be useful in many areas of the United States where there is limited access to multidisciplinary teams of experts who are knowledgeable about caring and educating children with disabilities.

A two-year, pretest/posttest, experimental-control group design (Campbell & Stanley, 1963) was used to compare the effects of live and videotaped training conditions and no-training conditions. The primary research questions were: (1) What effect does inservice education about mainstreaming have on child care providers' interactions with children? (2) What effect does inservice education about mainstreaming have on child care providers' self-assessment of their knowledge and abilities? (3) Do self-reports of knowledge and/or observed interactions with children differ as a function of participation in the live or videotaped presentation conditions?

Method

Participants

Forty child care providers who were employed in private child care agencies participated in this two-year project. During the first year, ten participants were assigned to a live presentation (LP) training group, and ten

participants were assigned to a no-presentation control group (LP controls). During the second year, ten new participants were assigned to a videotaped presentation (VP) training group, and ten other participants were assigned to a no-presentation control group (VP controls). Each of the four groups contained five individuals who were employed in home-based facilities and five individuals who were employed in center-based facilities. None of the forty participants had received previous training that concerned caring for children with disabilities.

The size of the participant's facilities varied between Six and 80 children. Most of the facilities served one or two children with disabilities, and all the participants indicated their willingness to accept children with disabilities into their care. It was not possible to equate the groups on facility size or the number or type of children with disabilities who were enrolled.

Training

The M-TIKES curriculum was used to educate child care providers about the special needs of preschoolers with disabilities and about ways to integrate these children into their care settings. The training program combined inservice education with on-site consultation and demonstration.

During the first year of the investigation, members of the live presentation group attended eight, 90-minute group meetings which were held once each month. Each meeting concerned a different topic (Appendix A) and was conducted by a professional who had practical and research experience in that area. Seven of the presenters were university professors; one presenter was a public health nurse.

Prior to every group meeting, the inservice presenter visited the participating child care providers at their child care facilities to determine what they wanted to know about the presentation topic. Presenters prepared lectures that addressed as many of the participants' needs and concerns as possible. During the group meetings, presenters provided information about the month's topic and demonstrated two or three activities that were designed to foster interactions between children with and without disabilities.

After every group meeting, the inservice presenter conducted on-site demonstration sessions at each participant's child care facility. During these visits, the presenter consulted with child care providers about any questions or concerns they still had about the children in their care and demonstrated the care giving strategies or activities that were discussed at the meeting. Children with disabilities were always included in the demonstration sessions. In this way,

each child care provider saw how to modify and/or adapt activities that were discussed in the group meeting to the specific needs of the children they cared for.

Shortly after their workshop presentations, the presenters wrote videotape scripts that included the important content of their lectures. Film crews were sent to home- and center-based child care facilities that served children with and without disabilities to videotape scenes that corresponded to the text of the presentations. The scripts were narrated by a professional actress and the scenes were edited into a series of 20- to 30-minute videotapes (Busch, Patterson, & Gillam, 1992).

During the second year of the project, 20 new volunteers were selected to participate in the study. Ten participants were assigned to a videotape training group, and 10 participants were assigned to a no-training control group. Like year one, participants who received training attended eight monthly workshops that were followed by on-site demonstrations. There were no differences between the year one and year two control conditions. There were three primary differences between the year one and year two training conditions: (1) the eight videotapes that had been filmed, narrated, and edited during the first year were used as the primary means for presenting information during the year two workshops; (2) the eight inservice meetings were conducted by a single facilitator (the third author); and (3) all on-site visits were conducted by a graduate student assistant.

Measures

Two criterion-referenced scales were used to assess the outcomes of training. Honig and Lally's (1973) fixed criteria scale, Assessing Behaviors of Caregivers - III, was adapted to provide a record of specific caregiver behaviors within the categories of promoting communication development, promoting cognition/play, promoting social/emotional development, promoting physical development, managing behavior (proactive and reactive management strategies), and promoting literacy. Items on the adapted scale consisted of behaviors that were discussed and demonstrated in the inservice training workshops and the on-site visits (Appendix F).

Like Honig and Lally (1973), a time sampling technique was used to record caregiver behaviors that were observed within two-minute fixed intervals within 24 minute observations. Observers sat in a corner of the child care facility and recorded care giver behaviors in columns on the protocol form. An audible beep on a two-minute timing tape alerted observers when to move to the next column of the scale. Longer intervals were necessary due to the number of behaviors that

were to be observed. A total of 80 observations were completed throughout the study.

To evaluate participant's perceptions of their knowledge, child care providers in the training and control groups completed a self-rating questionnaire before and after the treatment phase of the study. Participants rated the extent of their knowledge of 34 items that concerned basic knowledge of preschoolers with disabilities; parents and families of children with disabilities; promoting cognitive, communication, literacy, and motor development in mainstreamed settings; managing behavior of children with and without disabilities; and special health care and nutritional needs of preschoolers with disabilities. Like the observation checklist, all items on the questionnaire concerned information that was presented in the training workshops and the on-site visits. Participants used a four point Likert scale to indicate their level of knowledge about each item. The choices were: I know very little about this item and therefore need basic instruction (Level 1); I need additional assistance in order to apply my knowledge about this item to the children in my care (Level 2); I am independently competent and could apply my knowledge about this item to the children in my care (Level 3); or I have mastery level knowledge about this item and could act as a resource to others about this topic (Level 4).

Six graduate students were trained to observe caregiver-child interactions. Following 5 hours of observation training, the observers independently scored two, 24-minute videotaped samples of actual caregiver-child interactions. Point-to-point inter-rater reliability coefficients for each cell in the observation (0 = not observed, 1 = observed) ranged from 86 percent to 94 percent across the two samples, with a mean of 90 percent agreement. All observers were required to achieve intra-rater reliability of 90% or higher across three videotaped samples before they could perform the field observations. During the study, inter-rater reliability was assessed by assigning two observers to independently rate caregiver behaviors during 24 (20 percent) of the 120 observations that were conducted. Reliability observations were evenly spaced across pretraining and posttraining periods. The mean percent of point-to-point agreement between the independent raters was 94.8 percent with a range of 88.4 percent to 99.76 percent.

Results

One goal of this study was to determine whether training resulted in changes to specific care giving behaviors. An observation checklist (Appendix F) was used to quantify pretraining and posttraining caregiver behaviors. The value

of interest was the total number of 2-minute segments during which a type of care giving behavior was observed. The dependent variables were the total number of segments observed within the categories of promoting communication development, promoting cognitive development, promoting social/emotional development, promoting physical development, proactive vs. reactive behavior management, and promoting literacy development.

A three-way repeated measures MANOVA with Group (training vs. control) and Year (1: live, 2: videotaped) as the between factors and Time of testing (pretraining vs. posttraining) as the within factor was used to analyze the observation data according to Wilks' lambda calculations (Gagnon, Haycock, Roth, Feldman, & Finzer, 1993). Significant Group F (1,36) = 12.325, p. < .01 and Time of testing F (1,35) = 36.86, p. < .001 main effects were subsumed by a significant Group x Time of testing interaction [F (1, 35) = 14.91, p. < .001]. Examination of Figure 1 indicates that the control and training groups were similar at pretest. At posttest, there in an increase in the number of observed behaviors for the training group only. The year main effect was not significant, indicating that the performance of the two control and training groups did vary reliably between year 1, when live training was provided, and year 2, when videotaped training was provided.

Follow-up, two-way, repeated ANOVA's were computed to assess group performance for the observation categories of promoting communication development, promoting cognition/play, promoting social/emotional development, promoting physical development, and promoting literacy. The between factor for each ANOVA was group (training vs. control). The within factor was time of testing (pretraining vs. posttraining). Mean number of observations for the five dependent measures are presented in Table 6.

The training and control groups did not differ for caregiver behaviors which could promote physical development. However, there were significant group main effects favoring the training groups for promoting communication development F(1, 37) = 9.38, p <.01, promoting cognitive development F(1, 37) = 16.0, ~~2. <.01, promoting social/emotional development F(1, 37) = 5.07, p <.0 5, and promoting literacy F(1, 37) = 4.48, p <.05. Significant Group x Time interactions for promoting communication development F(1, 37) = 16.07,1) < .00 1, promoting cognition/play F(1, 37) = 9.84, p <.01, promoting social/emotional development F(1, 37) = 5.09, p <.05, and promoting literacy development F(1, 37) =

8.59, p <.01 all indicate that posttraining performance significantly exceeded pertaining performance for the training groups only.

Training workshops and on-site demonstrations on the topic of behavior management emphasized the relative superiority of proactive management of behavior (e.g., establishing rules and consequences that motivate socially appropriate behavior, suggesting alternative behaviors, using behavior rehearsal and modeling) over reactive management of behavior (e.g., ignoring disruptive behaviors, restraining or scolding children for socially inappropriate behavior). A three-way repeated measures ANOVA was computed to assess caregiver behavior management strategies. The between factor was Group (training vs. control). The within factors were Type of management (proactive vs. reactive) and Time of data collection (pretraining vs. posttraining). While this analysis yielded no significant group differences, the Type of management x Group interaction $F(1,37) = 3.31$, $p = .076$ revealed a trend toward greater use of proactive behavior management actions and less use of reactive behavior management actions by caregivers who received training (Figure 2). This trend was not evidenced by caregivers who did not receive training.

The second goal of this study was to determine whether participation in the training resulted in a reliable change in caregivers' perceptions of their knowledge and abilities. A self-rating scale was administered to determine whether participants in the four groups believed they knew more about developmental disabilities and caring for children with disabilities at the end of training than they knew before training began. Table 7 presents distributions of the percent of responses within the four categories of the self-rating scale.

Analysis of a three dimensional contingency table (Wickens, 1989) was significant across groups, time of test, and levels, $X^2 (21, N = 160) = 213.12$, $p < .0001$. Response patterns for the live and videotape training groups changed significantly from pretest to posttest administrations of the scale (live presentation group, $X^2(3, N = 40) = 124.29,1) < .0001$; videotape presentation group $X^2(3, N = 40) = 81.23$, $p < .0001$). Response patterns for the two control groups did not differ significantly across pretraining and posttraining administrations. Clearly, caregivers assigned to the training groups left the project with a high level of confidence in their knowledge and abilities regardless of whether they had participated in the live or videotaped conditions.

The results of this study demonstrate the positive effects of the two training conditions. Child care providers in the two training groups altered key care giving

behaviors that were related to promoting communicative, cognitive, socio/emotional, and literacy development. These changes were not evidenced by child care providers in the two control groups. Additionally, only those child care providers who received live or videotaped training exhibited a high level of confidence in their knowledge about and ability to care for children with disabilities at the end of the training periods. Our results suggest that observed behaviors of interactions with children and self-reports of knowledge did not differ as a function of receiving live or videotaped training. Consistent with the findings of other studies (i.e., Wood & Thompson, 1980), the mode that information is presented was not critically important for educational outcomes.

The success of the M-TIKES training program most likely can be attributed to the attention that was given to specific practices for affecting staff learning and skill development. Wolfe (1994), who spent fifteen years conducting research on best practices in inservice education, identified five key components to successful training: (1) useful handouts/materials, (2) relevant content that addressed an existing need, (3) follow-up support, (4) practical content that can be applied immediately, and (5) effective trainers.

Following Klein and Sheehan (1987), the workshop presenters visited participating child care agencies to consult with child care providers about their needs and concerns before creating their presentations. Doing so focused the presenters on the practical needs of the project participants, and increased the likelihood that the content of the workshops would be directly useful to individuals who care for children with and without disabilities. In this project, it did not mater whether the primary content of the workshops was presented in live lecture or videotape format. In all likelihood, what did matter was that the participants in the training groups had an opportunity to come together each month to learn about and discuss a particular topic, to share practical concerns with each other, and to practice care giving strategies with each other. Caregivers reported to us that the sense of community that was engendered during the monthly group meetings was an important part of their training experience.

Each workshop was also followed with a visit to the participants child care agencies. During these visits, the workshop presenters or a trained graduate student demonstrated activities with the children in each care environment, answered questions after caregivers had time to think about the information that was presented in the workshops, and consulted with caregivers about the specific needs of the children in their care. It did not seem to matter whether the visitor

was a member of the project faculty or a trained graduate student. What was important was that a representative of the project made an effort to make the content of the group workshops relevant to the specific needs of each caregiver. By going to their child care facilities, we were demonstrating out commitment to their individual needs.

In summary, the benefits of mainstreaming have been demonstrated for preschool-age children with disabilities, especially when caregivers have been trained to facilitate integration between children with and without disabilities. In the M-TIKES "Train-the-Trainer" model and in this study, training resulted in significant changes in care giving behaviors and self-ratings whether caregivers attended live presentations and received on-site demonstrations by a multidisciplinary team of experienced professionals or viewed videotaped presentations and received monthly demonstrations by a graduate student. Thus, a time-efficient and inexpensive method for providing inservice education about mainstreaming children with disabilities into child care environments. It appears that a single professional can be as effective as an entire multidisciplinary team of presenters when multimedia presentations are combined with on-site visits. This approach should be especially well-suited to many areas of the United States where there is limited access to multidisciplinary teams of experts who are knowledgeable about caring and educating children with disabilities.

Project Impact

The M-TIKES Outreach project made the following contributions to the field of Early Childhood Special Education and to child care practices for children with disabilities:

1) an increase in the number of child care facilities with trained providers to care for preschool children with disabilities;
2) an increase in the number of child care facilities that will accept preschool children with disabilities;
3) A proven, replicable inservice training model for mainstreaming children with and without disabilities into child care settings;
4) Curriculum materials including the "Learning Together" series of nine videotapes and manuals to increase knowledge in child development and mainstreaming of children with disabilities into child care facilities.

5) Empirical research to support the notion that child care providers can be successfully trained to integrate children with disabilities into child care facilities.

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TABLE 1

AGENCY LOCATION SITE	CONTACT PERSON	NUMBER OF TRAINED FACILITATORS	POPULATION SERVED
Heart of America	Marsh Nicely	6	Urban Area
State of Iowa	Deb Duncan Joan Clary	37	Urban and Rural Areas Head Start

Table 1: Agencies, contact person, number of trained facilitators and population served.

TABLE 2

AGENCY LOCATION SITE	CONTACT PERSON	NUMBER OF TRAINED FACILITATORS	POPULATION SERVED
Developmental Preschool Program Association Casper, WY	DeAnn Frey	9	Home Based Center Based Rural & Urban
County of Mercer Mercer, PA	Nancy Albert	10	Home and Center Based - Rural Area
Child Day Care Head Start St. Louis, MO	Barbara Mulley	16	Inner-city Association
Francis Child Development Institute Kansas City, MO	Judy Ester	12	Center Based Inner-City Urban
Children's Therapy Sedalia, Marshall, Jefferson City, and Camdenton, MO	Valerie Lane	13	Center Based Home Based Head Start Rural Area
Independence District Day Care Independence, MO	Laura Vernon	16	Urban Public School Preschool
Columbia Day Care Association Columbia, MO	Stacy Garlich	14	Head Start Before and After School

Table 2: Agencies, contact person, number of trained facilitators and population served.

TABLE 3

AGENCY LOCATION SITE	CONTACT PERSON	NUMBER OF TRAINED FACILITATORS	POPULATION SERVED
Dallas Child-Care Association Dallas, TX	Lee Ann Kite Terry Raterman	16	Urban Area
Mid-Kansas CAP El Dorado, KS	Barbara Gillis	5	Rural Area Head Start
Upward Foundation Phoenix, AZ	Sharon Graham	4	Urban Area
Family Support Services St. Charles, MO	Joyce Barker	7	Urban Area
Project Accept West Palm Beach, FL	Mary Bondarin	22	Rural & Urban Area Migrant Children
North Idaho Head Start Coeur d'Alene, ID	Doug Fagerness	17	Rural Area Head Start
Tennessee State Department of Education Nashville, TN	Doris Mattraw	21	Rural & Urban Area
Northwest Michigan Community Coordinated Child Care Council Traverse City, MI	Joy Schwartz	9	Rural Area
Chugiak Children Services Anchorage, AK	Cindy Ambrosius	15	Rural
Florida First Start Jensen Beach FL	Miriam Wheeler	16	Rural Migrant Children

Table 3: Agencies, contact person, number of trained facilitators and population served.

TABLE 4

Site	Mean
Kansas City, MO (6)	7.54
State of Iowa (105)	7.08
Casper, WY (n=12)	7.25
Columbia, MO (n=14)	6.94
Independence, MO (n=16)	6.95
Kansas City, MO (n=12)	6.90
Mercer, PA (n=10)	7.70
Sedalia, MO (n=13)	7.29
St. Louis, MO (n=16)	7.39
Dallas, TX (n=16)	7.43
El Dorado, KS (n=5)	7.21
Phoenix, AZ (n=4)	No Evaluation Conducted
St. Charles, MO (n=7)	7.35
Traverse City, MI (n=9)	7.25
West Palm Beach, FL(n=18)	7.80
Coeur d'Alene, ID (n=17)	Agency Conducted Own Evaluation
Nashville, TN (n=21)	Agency Conducted Own Evaluation
Anchorage, AK (n=15)	Agency Conducted Own Evaluation
Martin County, FL (n=16)	Agency Conducted Own Evaluation

Table 4: Site and Mean score for the evaluation of M-TIKES staff

TABLE 5

Year	Variable	N	Mean	Standard Deviation
1	Pre-test	43	2.308	.822
	Post-test	37	3.288	.9564
2	Pre-test	41	2.536	.4828
	Post-test	39	3.341	.192
3	Pre-test	27	2.904	.408
	Post-test	27	3.728	.174

Table 5: Years 1, 2 and 3 of Outreach t test between pre-post test scores on M-TIKES Self-Rating Scale

Table 6

Type of Behavior	Time of Observation	
	Pretraining	Posttraining
Promoting Communication Dev.		
Training Group	27.4	40.1
Control Group	26.3	26.8
Promoting Cognitive Development		
Training Group	6.35	13.5
Control Group	5.1	4.4
Promoting Social/Emotional Dev.		
Training Group	15.5	25.1
Control Group	15.2	16.8
Promoting Physical Development		
Training Group	11.1	14.5
Control Group	8.4	15.5
Promoting Literacy Development		
Training Group	4.7	11.3
Control Group	5.4	3.3

Table 6: Mean number of two-minute periods in which specified caregiver behaviors occurred during pre- and posttraining observations using the Observation of Caregiver Behavior Scale.

Table 7

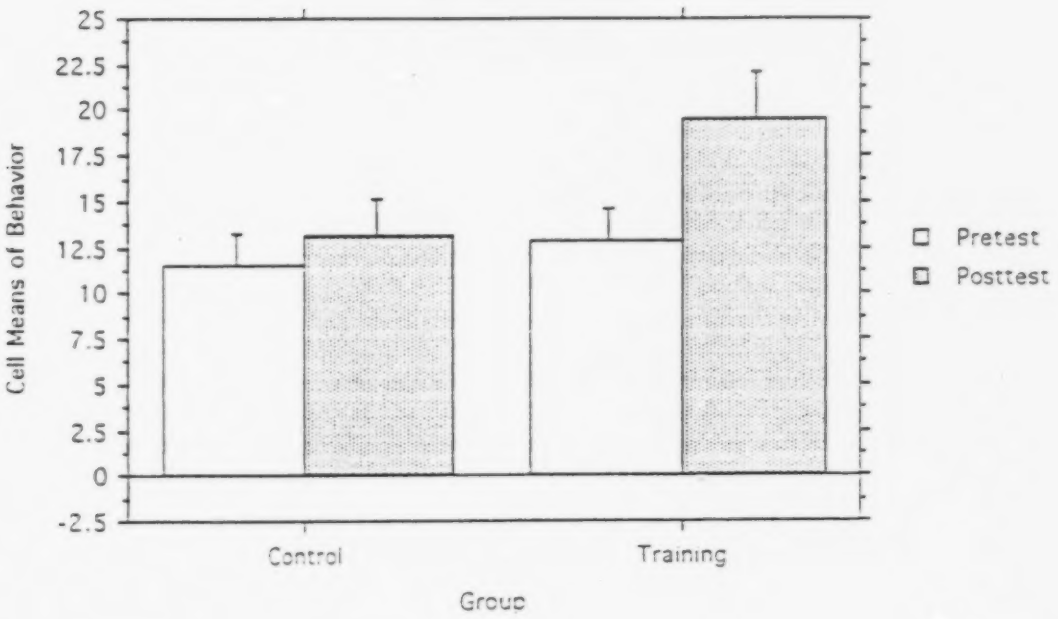
Group	Levels 1	2	3	4
Live Presentation (Year 1)				
Pretest	44.7	33.9	18.8	2.4
Posttest	0	2.4	61.7	36.0
LP Controls (Year 1)				
Pretest	30.4	39.5	31.3	3.0
Posttest	28.8	42.5	23.8	4.5
Videotaped Presentation (Year 2)				
Posttest	29.8	45.6	23.6	6.3
Pretest	1.2	9.5	57.7	31.7
VP Controls (Year 2)				
Posttest	50.2	31.8	13.8	4.3
Posttest	37.6	35.9	20.5	6.7

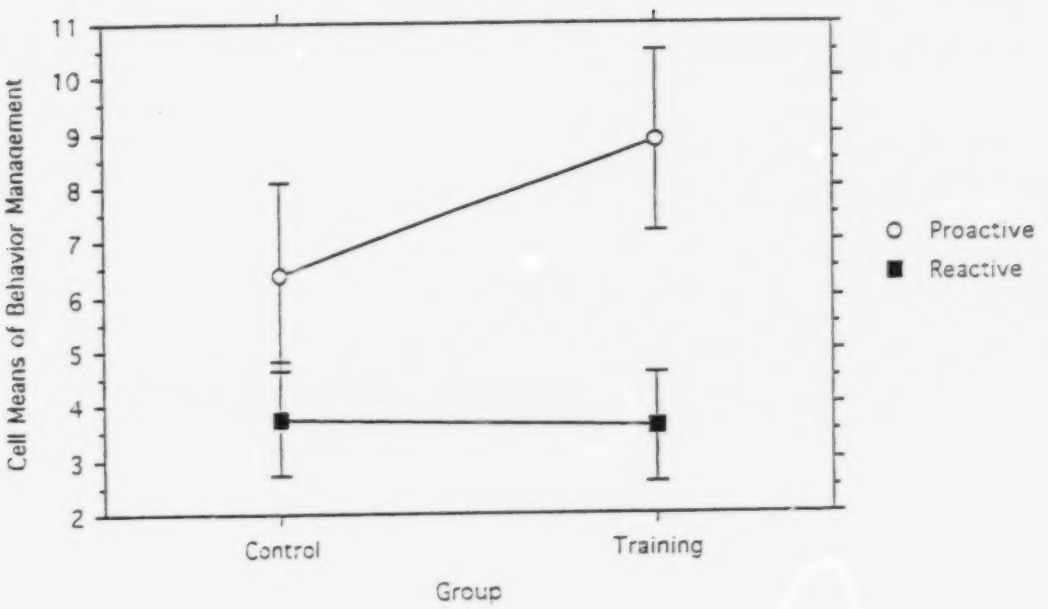
Table 7: Mean Percent of Pretest and Posttest Responses at the Four Levels of the Self-Rating Scale. Note: Level 1= I know very little about this and need basdic information; Level 2 = I need additional assistance in order to apply my knowledge about this to the children i my care; Level 3 = I am independently competent and can apply my knowledge about this to the children in my care; Level 4 = I have mastered this information and I can act as a resource to others.

Figure Captions

Figure 1. Pretest and posttest mean number of observed behaviors (with 95% confidence error bars) for cargivers in the control and training groups.

Figure 2. Mean number of 2-minute segments (with 95% confidence error bars durin which caregivers in the control and training groups used proactive or reactive strategies to control behavior.


25
22.5
20
17.5
15
12.5
10
7.5
5
2.5
0
-2.5
Cell Means of Behavior
Control
Training
Group
Pretest
Posttest


Cell Means of Behavior Management
11
10
9
8
7
6
5
4
3
2
Control
Training
Group
Proactive
Reactive

APPENDIX A

THE LEARNING TOGETHER SERIES

The Learning Together Series

Developing Together
This videotape acquaints child care givers with the five developmental domains that impact on every child's overall development, and how children with disabilities may be affected within each domain.

Coping Together
This videotape acquaints the child care givers with the unique issues confronting families with children who have special needs.

Playing Together
This videotape emphasizes the value of play and introduces ways to facilitate play between children with and without disabilities.

Talking Together
This videotape provides information about typical and atypical speech and language development and suggests ways child care givers can facilitate optimal speech and language development and verbal interaction between children with and without disabilities.

Reading and Writing Together
This videotape fosters understanding of the natural development of literacy behaviors in young children and shows how to encourage the efforts of children with disabilities as they begin to demonstrate reading and writing strategies.

Moving Together
This videotape emphasizes the value of movement and introduces ways to enhance movement abilities of children with and without disabilities.

Cooperating Together
This videotape provides information that assists child care givers in promoting group participation and social skills of children with and without disabilities.

Growing Together
This videotape provides information about nutrition and chronic illness.

Planning Together
This videotape provides information about the planning and delivery of services to children with special needs and suggests ways child care givers can facilitate identification and service delivery to these children.

APPENDIX B

NEEDS ASSESSMENT FORM

M-TIKES NEEDS ASSESSMENT

Content Area: Facilitating speech and language development.

Facilitator and Agency _____

1. What information would be helpful to you in this content area?

2. Do you have specific questions you would like discussed at the meeting?

3. Do you have concerns or know about any children who have problems in this content area?

4. What activities have you used that have been successful in this content area that you would like to demonstrate? What are they?

5. Additional Comments

APPENDIX C

SAMPLE AGENDA

M-TIKES TRAINING AGENDA
CASPER, WYOMING
SEPTEMBER 21, 1993

Presenter: Shirley Patterson

9:00-9:45	Introductions Complete Questionnaires M-TIKES Model and Philosophy
9:45-12:00	Developing Together View tape and review manuals Discussion of Disabling Conditions
12:00-1:00	Lunch
1:00-3:00	Planning Together View tape and review manuals Discussion of early intervention and interactive teaming
3:30-3:15	Break
3:15-4:45	Growing Together View tape and review manuals Discussion of health related issues
4:45-5:00	Closing remarks Complete In-service evaluation forms

SEPTEMBER 22, 1993
Presenter: Shirley Patterson

9:00-11:30	Playing Together View tape and review manuals Discussion of cognitive development and delays

Demonstrations of ways to integrate children through play

11:30-12:30 Lunch

12:30-3:00 Talking Together
View tape and review manuals
Discussion of communicative development and delays
Demonstrations of ways to facilitate speech and language development

3:00-3:15 Break

3:15-5:00 Reading and Writing Together
View tape and review manuals
Discussion of pre-reading and writing skills

5:00-5:15 Closing remarks-Complete In-service evaluation forms

SEPTEMBER 23, 1993
Presenter: Shirley Patterson

9:30-11:30 What happens when the training is completed?
M-TIKES Policies and Procedures

11:30-1:00 Lunch

Presenter: Bob Busch

1:00-3:30 Moving Together
View tape and review manuals
Discussion of motor development and delays
Demonstrations of ways to integrate children through motor activities

3:30-3:45 Closing remarks
Complete In-service evaluation forms

SEPTEMBER 24, 1993
Presenter: Bob Busch

9:00-12:00	Cooperating Together View tape and review manuals Discussion of social-emotional development and methods for handling inappropriate behaviors
12:00-1:00	Lunch
1:00-3:00	Coping Together View tape and review manuals Discussion of family stress, family needs, family rights
3:00-3:15	Break
3:15-3:45	Conclusion of training Completion of evaluation forms Completion of Post Self-rating form M-TIKES research Questions

APPENDIX D

SITES AND FACILITATORS TRAINED

APPENDIX

1992-1993 Outreach Facilitators
Iowa

State Area Education Agency	Contact Person	Team
Keystone AEA #1 RR #2, Box 19 Elkader, IA 52043 (319) 245-1480	Cherly Wesle	Cherly Wesle Amy Lage
Northern Trails, AEA #2 Box M Clear Lake, IA 50436 (515) 357-6125	Mary Schertz	Mary Schertz Pam Lang Marta Amoroso Deb Price
AEA #6 726 5th Avenue Grinnell, IA 50112 (515) 753-3564	Dee Gethmann	Dee Gethmann Deborah Molitor Karen Langerud Janice Phifer Deborah Micheel Liane Jepsen
Mississippi Bend AEA #9 729 21st Bettendorf, IA 52722 (319) 359-1371	Judy Thalmann	Judy Thalmann Rose Kreber Kathy Russell Trisha Shannon Cindy Swanson
Grant Wood AEA #10 200 Holiday Rd Coralville, IA 52241 (319) 351-2510	Jan Koellner	Jan Koellner Stephanie Franz Mike Bigley Emily Haas Chris Evans-Swartz Jan Dull Kristin Spake
Loess Hills AEA #13 Box 8 Glenwood, IA 51534 (712) 527-5261	Christi Nelson	Christi Nelson Carol McMahon
Loess Hills AEA #13 PO Box 188 Council Bluffs, IA 51502 (512) 322-7354	Jeannette Selix	Jeannette Selix Cindy Lefeber

Community Agencies		
Green Valley AEA #14 1405 N. Lincoln Creston, IA 50801 (515) 782-8443	Jody Ryken	Jody Ryken Deb Katzer Stacy Swanson Sheila Buckingham
Ft. Madison Community Schools Ft. Madison, IA (319) 372-2765	Kathy Hamilton	Kathy Hamilton Suzanne Vondahaur
Des Moines Public Schools 2820 Center St Des Moines, IA 50311 (515) 242-7911	Deb Burke	Deb Burke Karen Sznajder
Castle Hill Preschool 1720 Maynard Ave Waterloo, IA 50701 (319) 232-4529	Marilyn Bauch	Marilyn Bauch

1992- 1993 Outreach Facilitators
Kansas City, Kansas

Name Agency	Contact Person	Team
Heart of America 626 Minnasota Ave Kansas City, KS 66101 (913) 342-1110	Marsha Nicely	Cara Mehrer Mandy Rooney Whinnie Smith
YWCA 1000 Charlotte Kansas City, MO 64106 (816) 842-7538	Marsha Nicely	Jeannie Mealey Joanie Nicholas

1993-1994 Outreach Facilitators
Casper, Wyoming

Agency	Trained Facilitator
Region 1 The Children's Resource Center and Special Touch Preschool P O Box 1191 Powell, WY 82435 (307 754-2864	Lucinda Kliewer
Region 2 Child Development Center P O Box 7237 Sheridan WY 82801 (307) 672-6610	Bobbie Legerski
Region 3 Weston County Child's Center 104 Stampede Newcastle, WY 82435 (307) 746-4560	Lori Morrow
Region 5 Lincoln-Vinta Child Development Association 325 West Street Box 570 Mountain View, WY 92939 (307) 782-6601	Barbara Burrough
Region 7 Sweetwater County Child Development Center 731 C Street, Suite 102 Rock Springs, WY 82901 (307) 875-4930	Deanna Frey
Regions 11 Developmental Preschool and Daycare ARC 715 Shield Street Laramie, WY 82070 (307) 742-6374	Karen Royce, and Judy Moline
Region 12 Stride Learning Center 326 Parsley Blvd Cheyenne, WY 82001 (307) 632-2991	Carol Curtright
Region 13 Campbell County Children's Center 1000 Douglas Highway Gillette, WY 82716	Lori Donmyer

1993-1994 Outreach Facilitators
Mercer, Pennsylvania

Agency	Trained Facilitator
Mercer County MH/MR Box 504, Courthouse Mercer, PA 16137 (412) 662-4424	Nancy Albert Melody Wilson
Mid. Intermediate Unit IV 453 Maple Street Grove City, PA 16127 (412) 458-6700	Marlene Schell Patricia Bable Beth Ann Glue Marge Dattilo
Mid. Intermediate Unit IV 100 Hittle Drive Sharpsville, PA 16150 (412) 962-4891	Lori Doran Phylis Campbell
Mid. Intermediate Unit IV 139 Rieger Road Butler, PA 16001 (412) 282-0517	Joyce Poister Barbara Grass

1993-1994 Outreach Facilitators
St. Louis, Missouri

Agency	Trained Facilitator
Family of Man Day Care 2830 Caroline St. Louis, MO 63104 (314) 773-1130	Bonnie Clare Ando
South Side Day Nursery 2930 Iowa St. Louis, MO 63118 (314) 536-2445	Susan Didier
Guardian Angel St. Patricks Branch 1200 N. 6th Street St. Louis, MO 63106 (314) 421-2816	Rochelle Andre
Webster Child Care Center 624 Lohmann Forest Lane Webster Groves, MO 63119 (314) 968-3189	Kim Gruner
Guardian Angel Settlement Day Care PO Box 2055 St. Louis, MO 63158 (314) 647-3315 HM #	Earnestine Bradley Julie Assata
South Side Day Nursery 2930 Iowa Street St. Louis, MO 63118 (314) 865-0322	Martha M. Johnson
Child Day Care Association 2031 Olive Street St. Louis, MO 63103 (314) 241-3161	Sonya Berkbigler Ann Mangelsdorf Ramona Briggans
St. Joseph's Child Center 1132 S. Glenwood Kirkwood, MO 63122 (314) 821-6636	Brenda Laub-McCormack Care

Agency	Trained Facilitator
St. Louis Childrens Hospital CDC 5461 Highland Park St. Louis, MO 63110 (314) 533-6737	Rosalie Rudert
YWCA of Metro. St. Louis 140 N. Brentwood Blvd. Clayton, MO 63105 (314) 725-7203	Deborah Wells
Downtown Children's Center 507 N. 13th Street St. Louis, MO 63103 (314) 621-1131	Earnestine Williams
Nursery Foundation of St.Louis 1916 N. Euclid Ave St. Louis, MO 63113 (314) 533-0671	Mary E. Wilson
Developmental Service 2376 Truman Blvd. Crystal City, MO 63019 (314) 467-0358	Pat Ferguson

1993-1994 Outreach Facilitators
Penn Valley Community College
Kansas City, Missouri

Agency	Trained Facilitator
Penn Valley Community College Francis Child Development Institute 3201 Southwest Trafficway Kansas City, MO 64111 (816) 759-4143	Eleanor Hensley
Penn Valley Community College Francis Child Development Institute 3201 Southwest Trafficway Kansas City, MO 64111 (816) 759-4252	Judi Estes
Penn Valley Community College Francis Child Development Institute 3201 Southwest Trafficway Kansas City, MO 64111 (816) 759-4149	Jennifer Walker
Penn Valley Community College Francis Child Development Institute 3201 Southwest Trafficway Kansas City, MO 64111 (816) 759-4258	Rebecca Ruth Curtis
Penn Valley Community College Francis Child Development Institute 3201 Southwest Trafficway Kansas City, MO 64111 (816) 759-4141	Linda F. Bell
Penn Valley Community College Francis Child Development Institute 3201 Southwest Trafficway Kansas City, MO 64111 (816) 759-4147	Donna Nelson
Penn Valley Community College Francis Child Development Institute 3201 Southwest Trafficway Kansas City, MO 64111 (816) 759-4260	Dorothy Burkholder

Agency	Trained Facilitator
Penn Valley Community College Francis Child Development Institute 3201 Southwest Trafficway Kansas City, MO 64111 (816) 759-4352	Carole Ellison
Penn Valley Community College Francis Child Development Institute 3201 Southwest Trafficway Kansas City, MO 64111 (816) 759-4018	Sheryl Godsy
Penn Valley Community College Francis Child Development Institute 3201 Southwest Trafficway Kansas City, MO 64111 (816) 759-4320	John Andy Burton
Metro Community College 3201 Southwest Trafficway Kansas City, MO 64111 (816) 759-4250	Barbara Skoglund
Respite Care 14051 Mastin Overland Park, KS 66221 (816) 531-4189	Terri Collier

1993-1994 Outreach Facilitators
Sedalia, Marshall, Camdenton, Jefferson City, Missouri

Agency	Trained Facilitator
Children's Therapy Center 600 E. 14th P O Box 1565 Sedalia, MO 65301 (816) 826-4400	Valerie Lane
Children's Therapy Center 600 East 14th P O Box 1565 Sedalia, MO 65301 (816) 826-4400	Karen Clatworthy
Children's Therapy Center 600 East 14th P O Box 1565 Sedalia, MO 65301 (816) 826-4400	Loletta Combs
Kid Konnection 2800 W. Main Sedalia, MO 65301 (816) 827-4431	Mildred (Millie) Davis
Luv-N-Care 1700 West Main Sedalia, MO 65301 (816) 827-1977	Jackie White
The Special Learning Center 1115 Fairgrounds Rd. Jefferson City, MO 65109 (314) 634-3070	Terri MacNevin
Big Top Child Development Center 1123 Charm Villa Dr. Jefferson City, MO 65109 (314) 636-6461	Kenya Wynn
Big Top Child Development Center 1123 Charm Villa Dr. Jefferson City, MO 65109 (314) 893-7312	Karen Werner

Agency	Trained Facilitator
Big Top Child Development Center 1123 Charm Villa Dr. Jefferson City, MO 65109 (314) 893-7312	Stephanie Batcheller
Missouri Valley Human Resource Head Start P O Box 550 Marshall, MO 65340 (816) 886-7476	Rhonda Seley
Missouri Valley Human Resource Head Start P O Box 550 Marshall, MO 65340 (816) 886-7476	Loro Beth Johnson
Camdenton R III School District P O Box 1409 Camdenton, MO 65020 (314) 346-4260	Janet Zeek
Camdenton R III School District. P O Box 1409 Camdenton, MO 65020 (314) 346-4260	Pamela A. May

1993-1994 Outreach Facilitators
Independence, Missouri

Agency	Trained Facilitator
1511 Kingshighway Independence, MO 64055 (816) 252-2401	Sue Russel
15208 E. 39th St. Independence, MO 64055 (816) 373-0847	Jacque Mitchell, OTR
14220 E. 35th St. Independence, MO 64055 (816) 833-4415	Laura Vernon
Rt. 1, Box 189 Pleasant Hill, MO 64080 (816) 836-2011	Joyce Hammond
1511 S. Kingshighway Independence, MO 64055 (816) 836-2011	Betty S. Fink
1301 S. Windsor Independence, MO 64055 (816) 461-7093	Sharon S. Connor
1231 S. Windsor Independence, MO 64055 (816) 833-3433	Diana Carkin
20404 E. Truman Rd. Independence, MO 64056 (816) 796-9893	Sharon Heflin
4300 Phelps Road Independence, MO 64055 (816) 478-9313	Mary S. Todd
15208 E. 39th St. Independence, MO 64055 (816) 373-5001	Maria Cappo
15208 E. 39th St. Independence, MO 64055 (816)-373-5001	Virginia Droege

Agency	Trained Facilitator
2611 Lee's Summit Rd. Independence, MO 64055 (816) 836-2136	Sherry Hohenberg
515 S. Liberty Independence, MO 64050 (816) 252-9551	Susan Hogg Wake
1525 N Noland Independence, MO 64055 (816) 254-0954	Vicki Turner
14220 E. 35th Independence, MO 64055 (816) 833-4415	Michael Haselton
1511 Kingshighway Independence, MO 64055 (816) 836-2011	Carol Draveling

1993-1994 Outreach Facilitators
Columbia Day Care Project, Columbia, Missouri

Agency	Trained Facilitator
Central MO Regional Center 101 B. Park De Ville Drive Columbia, MO 65203	Jackie-Davenport Orton
1644 Highridge Circle Columbia, MO 65203	Lorena Monroe
Salvation Army Day Care 1108 W. Ash St Columbia, MO 65203	Ann Bacon
Small Wonders Day Care 2401 Calico Lane Columbia, MO 65202	Jennifer Luna
Head Start 1500 Man-O-War Columbia, MO 65202	Ann Moyer-McCauley
Silver Spoons Playschool 806 Spencer Avenue Columbia, MO 65203	Aniko Cseh
Division of Family Services 601 Business 70 W. #217 Columbia, MO 65203	Glenda Davis-Blessman
Parents as Teachers Chil Care Connections 912 Maplewood Columbia, MO 65203	Carol Thiel
Early Childhood Program of Mid-MO Mental Health Center 210 Apple Tree Ct. Apt. D Columbia, MO 65203	Meg Berger
Lenoir Child Care Site 1 3900 Woodland Drive Columbia, MO 65202	Nancy Borengasser
2509 Basswood Ct. Columbia, MO 65203	Diane Barker

Agency	Trained Facilitator
Lenoir Child Care Site 2 1700 Forum Blvd #2007 Columbia, MO 65203	Mia Kirkpatrick
4-H Adventure Club P.O. Box 1972 Columbia, MO 65205	Lauren Pearson
Great Beginnings 3804 Santiago Drive Columbia, MO 65203	Mary Randall

1994-1995 Outreach Facilitators
Dallas, Texas

Agency	Trained Facilitator
CCMS-Dallas 1229 River Bend, Suite 209 Dallas, Texas 75247 (817)355-9574	Teri Ratterman
11308 Ulloa Ln. Dallas, TX 75228	Kari Bailey
505 Murray Dr. Hutchins, TX 75141	Mildred Conner
6027 Goliad Dallas, TX 75206	Jennifer Denkoff
646 Cleardale Dr. Dallas, TX 75232	Gwen Hardy
9505 Royal Lane #2142 Dallas, TX 75243	Vicky Rodgers
4060 Preferred Pl. #933 Dallas, TX 75237	Loreta Williams
3756 Conway #182 Dallas, TX 75224	Sheila Cooper
704 Spring Lake Dr. Bedford, TX 76021	Lynda Everett
2024 Harvard Irving, TX 75061	Jan Johnson
7133 Longo Dr. The Colony, TX 75056	Sharla Campbell
4703 Old Gate Ln. Parker, TX 75002	Lois Extrell
4205 Osage Dr. Rowlett, TX 75088	Lori Lansford
3322 Willow Crest Ln. Dallas, TX 75233	Sue Reed

Agency	Trained Facilitator
5505 Ragan The Colony, TX 75056	Julie Ulibarri
1600 Redbud McKinney, TX 75048	Debbie Vaughn

1994-1995 Outreach Facilitators
El Dorado, Kansas

Agency	Trained Facilitator
Children's Center 94 Lewis Drive Hays, KS 67601	Janice Shelden
Mid-Kansas CAP Head Start 111 West Ash El Dorado, KS 67042	Barbara Gillis
Kennedy Early Learning Ctr 700 Jupiter Salina, KS 67401	Carol Roenne
Kennedy Early Learning Ctr 700 Jupiter Salina, KS 67401	Rita Gibney
Head Start Program 1069 Parklane Office Park Wichita, KS 67218	Kelli Samuelson

1994-1995 Outreach Facilitators
Phoenix, Arizona

Agency	Trained Facilitator
Upward Foundation 6306 North 7th Street Pheonix, AZ 85040	Sylvia Long
Children Achievement Center The Blake Foundation 3825 East Second Street Tucson, AZ 85716	Susan Eck
Upward Foundation 6306 North 7th Street Pheonix, AZ 85040	Sharon L. Graham
Special Needs Training Project Tucson Association for Child Care Inc. 1030 N. Alvernon Tucson, AZ 85711	Victoria Young-Chiverton

1994-1995 Outreach Facilitators
St. Charles, Missouri

Agency	Trained Facilitator
United Servies 4140 Old Mill Pkwy St. Peters, MO 63376	Joanne Hardy
1000 Fairgrounds Rd Ste. 105 St. Charles, MO 63301	Brenda Moore
Family Support Services 1000 Fairgrounds Rd. St. Charles, MO 63301	Kathleen Johnson
Family Support Services 1000 Fairgrounds Rd. St. Charles, MO 63301	Carol Baer
Family Support Services 1000 Fairgrounds Rd. St. Charles, MO 63301	Joyce Barker
Family Support Services 1000 Fairgrounds Rd. St. Charles, MO 63301	Barbara Wood
Family Support Services 1000 Fairgrounds Rd. St. Charles, MO 63301	Tammie Emge

1994-1995 Outreach Facilitators
West Palm Beach, Florida

Agency	Trained Facilitator
East Coast Migrant-Shannon 2050 Duda Rd. Belle Grade, FL 33430	Irene Figueroa
East Coast Migrant- O'brien 2050 Duda Rd. Belle Grade, FL 33430	Pearl Anderson
ECMHS-O'brien 2050 Duda Rd. Belle Grade, FL 33430	Marsha Winter-Glasberg
Child Care Resource & Referral 551 SE 8th Ste 300 Delray Beach, FL 33483	Erin Snow
Child Care Resource & Referral 551 SE 8th Ste 300 Delray Beach, FL 33483	Karen Brandi
Headstart 810 Datura St. West Palm Beach, FL 33405	Mary Frank
Child Care Services 3310 Forest Hill Blvd. C 223 West Palm Beach, FL 33406	Ellen Saposnik
Child Care Services 3310 Forest Hill Blvd. C 223 West Palm Beach, FL 33406	Barbara Richman
Child Care Services 3310 Forest Hill Blvd. C 223 West Palm Beach, FL 33406	Beryl Nash
Child Care Services 3310 Forest Hill Blvd. C 223 West Palm Beach, FL 33406	Valeria Winston
PreK Early Intervention 3310 Forest Hill Blvd. C 206 West Palm Beach, FL 33406	Laurie McCormick

Agency	Trained Facilitator
PreK Early Intervention 3310 Forest Hill Blvd. C 206 West Palm Beach, FL 33406	Judith Deal
RCMA 2975 SW Waterfall Trace Palm City, FL 34990	Judy Burleson
RCMA 9531 W. Atlantic Ave. M-17 Delray Beach, FL 33444	Paula Rounsowall
Florence Fuller CDC 10130 185th St. Boca Raton, FL 33498	Betty Ward
Florence Fuller CDC 200 NE 14th St. Boca Raton, FL 33432	Roberta Graybiel
Peppi Headstart 200 SW 9th St. Belle Grade, FL 33430	Jessie O'neal
Peppi Headstart 200 SW 9th St. Belle Grade, FL 33430	Carol Anderson
Children's Services Council 3111 S. Dixie Hwy Ste. 242 West Palm Beach, FL 33405	Andrea Gralnick
Building Blocks 632 Covenant Drive Belle Grade, FL 33430	Jane Chee
Project ACCEPT 551 SE 8th St. Ste. 300 Delray Beach, FL 33483	Mary Bondarin
Project ACCEPT 551 SE 8th St. Ste. 300 Delray Beach, FL 33483	Jeff Carstensen

1994-1995 Outreach Facilitators
Coeur d'Alene, Idaho

Agency	Trained Facilitator
Coeur d'Alene School District 310 N. 10th Avenue Coeur d'Alene, ID 83814	Linda Powers
Coeur d'Alene School District 310 N. 10th Avenue Coeur d'Alene, ID 83814	Nancy Woodry
A/CDC 2195 Ironwood Court Coeur d'Alene, ID 83814	Colleen McCray
Post Falls School District 205 W. Mullan Avenue Post Falls, ID 83854	Mary Carol Bobbitt
A/CDC 2195 Ironwood Court Coeur d'Alene, ID 83814	Chris Fehr
A/CDC 2195 Ironwood Court Coeur d'Alene, ID 83814	Stacey Bell
A/CDC 2195 Ironwood Court Coeur d'Alene, ID 83814	David Posner
A/CDC 2195 Ironwood Court Coeur d'Alene, ID 83814	Donna Bodkin
A/CDC 2195 Ironwood Court Coeur d'Alene, ID 83814	Lorena Feund
A/CDC 2195 Ironwood Court Coeur d'Alene, ID 83814	Karen Marcea
Sweet Peas 2025 St. Estephe Cout Coeur d'Alene, ID 83814	Lisa Richard-Evans

Agency	Trained Facilitator
Child Care Resources 411 N. 15th Street, Suite 109 Coeur d'Alene, ID 83814	Jan Palmer
North Idaho Head Start 411 N. 15th St., Suite 109 Coeur d'Alene, ID 83814	Dough Fagerness
Panhandle Health District 2195 Ironwood Court Coeur d'Alene, ID 83814	Phyllis Albee
Panhandle Health District 2195 Ironwood Court Coeur d'Alene, ID 83814	Bonnie Held
Panhandle Health District 2195 Ironwood Court Coeur d'Alene, ID 83814	Glenna Fox
A/CDC 2195 Ironwood Court Coeur d'Alene, ID 83814	Darla Noel-Wessel

1994-1995 Outreach Facilitators
Nashville, Tennessee

Agency	Trained Facilitator
1216 Chilhowee Avenue Maryville, TN 37801	Janice H. Barton
East Tennessee State University Center for Early Childhood P.O. Box 70434 Johnson City, TN 37614-0434	Marilyn Buchanan
1217 Davidson Road Nashville, Tn 37205	Ingrid S. Bettis
Mental Retardation Services State Office Bldg., Box 23 225 martin Luther King Dr. Jackson, TN 38301-6944	Brenda Bledsoe
534 E. 1st N. Street P.O. Box 1218 Morristown, TN 37816	Teresa Cameron
316 South Third Union City, TN 38261	Johnnie Cloar
205 B. West Hills Lebanon, TN 37087	Katheleen Donaldson
P.O. Box 1218 Morristown, TN 37816	Mary Sue Davis
2520 Fairfax Avenue Nashville, TN 37212	Tracy Duncan
1907 Pinehurst Drive Nashville, TN 37216	Evelyn Hale
209 Rockwell Road Jackson TN 38305	Diana B. Harrison
4701 Knight Arnold Memphis, TN 38118	Jo Ann Hinkle
119 Fruitland - Eldad Rd. Trenton, TN 38382	Linda K. Lewis

Agency	Trained Facilitator
707 Knight Bridge Road Maryville, TN 37803	Linda Logan
Anderson County School System 101 S. Main St., Suite 506 Clinton, TN 37716	Janice Ramsey
501 West 8th Street Columbia, TN 38401	Linda Moore
330 10th Avenue North P.O. Box 141 Nashville, TN 37203	Carolyn S. Petty
LTVEC 1432 East Lee Highway Loudon, TN 37774	Pam Potocik
3004 Tuggle Avenue Nashville, TN 37211	Bruce A. Smith
Project BLEND Box 328 Peabody/Vanderbilt Nashville, TN 37203	Jo Ann Heiser
DHS Licensing Citizens Plaza - 14th Fl. 400 Deaderich St. Nashville, TN 37201	Sandra Dode

1994-1995 Outreach Facilitators
Traverse City, Michigan

Agency	Trained Facilitator
Northwest Michigan 4C Council 4537 Summit View Dr. Traverse City, MI 49684	Joy Schwartz
Northwest Michigan 4C Council 720 S. Elmwood, Suite 4 Traverse City, MI 49684	Mickie Novorolsky
Northwest Michigan 4C Council 720 S. Elmwood, Suite 4 Traverse City, MI 49684	Jill Borland
TBA ISD Career-Tech 880 Parsons Rd. Traverse City, MI 49684	Donna Valdmanis
Northwest Michigan 4C Council 720 S. Elmwood, Suite 4 Traverse City, MI 49684	Dana Skay-LaCross
N.W. MI Human Svcs Agency 3963 3 Mile Road Traverse City, MI 49684	Cheryl Bloomguist
Northwest Michigan 4C Council 720 S. Elmwood, Suite 4 Traverse City, MI 49684	Berenice Rushovich
Traverse City Bay Area Intermediate Schools 880 Parsons Rd. Traverse City, MI 49684	Sherry Pollock
Northwest Michigan 4C Council 720 S. Elmwood, Suite 4 Traverse City, MI 49684	Andrea Margaret Polakowske

1994-1995 Outreach Facilitators
Anchorage, Alaska

Agency	Trained Facilitator
Chugiak Children Servces Anchorage, AK	Cindy Ambrosius Penelope J. Otto Cary N. Miller Chelley Correa Fennis Baker-Waters Mary Lou Hanson Mary A. Monroe Caren L. Flaten Michele L. Johnston Lynnetta R. Lasher Mandy Mundell Lilly Pinneo Sonja Hankins Diane Hoffbauer Linda Jacobs

1994-1995 Outreach Facilitators
Jensen Beach, Florida

Agency	Trained Facilitator
Florida First Head Start Jensen Beach, FL	Loretta Byrd Cathy O'Connor Gyla Wise Kathyrn Marshall Pat Hickman Sally Wibbels Joanne Paquette Lena Kasliner Judy Wakeman Sandra McNeal Joni Baker Donna Greenberg Heidi Cody Alanna Apap Lynda Ledlow Miriam Wheeler

APPENDIX E

INSERVICE EVALUATION SCALE

In-Service Evaluation

Training Site Location _____

1. Enthusiastic Presentation

1	2	3	4	5	6	7	8
Not Enthusiastic							Very Enthusiastic

2. The objectives of this presentation were clear

1	2	3	4	5	6	7	8
Not Clear							Very Clear

3. The objectives of this presentation were realistic

1	2	3	4	5	6	7	8
Not Realistic							Very Realistic

4. The objectives of this presentation were accomplished

1	2	3	4	5	6	7	8
Not Accomplished							Very Accomplished

5. This presentation was well organized

1	2	3	4	5	6	7	8
Not Organized							Very Organized

6. The information presented will be useful to me; my time and was well spent.

1	2	3	4	5	6	7	8
Not Well Spent							Very Well Spent

Strengths of the inservice:

Weaknesses of the inservice:

APPENDIX F

OBSERVATION OF CAREGIVER BEHAVIOR

Observation of Caregiver Behavior

Caregiver _____ Rater _____ Date _____ Time _____

	Minutes 1 3 5 7 9 11 13 15 17 19 21 23 T
COMMUNICATION	
Models -Repetitions	
Models -Repetitions	
Expansions/Recasts/Expatiations	
Self-talk (verbalizes what they are doing)	
Parallel talk (topic is what the child is doing)	
Sings or plays music with children	
Requests/Questions	
Explains	
Promotes Child Child Interaction	
Subtotal	
COGNITION/PLAY	
Promotes Autosymbolic Schemes	
Promotes Combinatorial Symbolic Games	
Promotes Socio-dramatic (pretend) play	
Enables the learning of concepts	
Subtotal	
SOCIAL/EMOTIONAL	
Smiles at child	
Encourages child (You can do it)	
Provides physical, loving contact	
Gets formal group games going	
Promotes self help and social responsibility	
Helps child delay gratification	
Subtotal	

	Minutes 1 3 5 7 9 11 13 15 17 19 21 23 T
PHYSICAL	
Promotes stability skills	
Promotes locomotor skills	
Promotes manipulation skills	
Promotes fine motor skills	
Subtotal	
MANAGING BEHAVIOR	
Proactive	
Uses informative praise statements	
Promotes prosocial behavior	
Teaches rules with consequences	
Provides alternative behaviors	
Subtotal	
Reactive	
Forbids, critices, scolds, threatens, negative demands	
Ignores disruptive behaviors	
Restrains or punishes physically	
Physically isolates a child	
Subtotal	
LITERACY	
Provides books to look at	
Provides writing supplies	
Encourages literacy efforts	
Reads aloud	
Talks about environmental print	
Subtotal	